NY-603 Continuum of Care

2024 COC NOFO EXECUTIVE SUMMARY

This summary outlines grant priorities, outcomes, and identifies strengths and areas for improvement for our CoC.

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INTRODUCTION

Every year, all regions in the country must compete with one another for funding from the HUD Continuum of Care program. The Long Island Coalition for the Homeless puts together a regional application for Nassau and Suffolk Counties part of it's role as CoC Collaborative Applicant to ensure funding of existing new housing and programs serving people homelessness. application This experiencing must demonstrate how our region's efforts align with HUD priorities toward the goal of ending homelessness. Here, we explain ranking decisions as well as our successes and shortcomings in meeting HUD priorities with recommendations for future actions.

HUD PRIORITY AREAS

HUD expects the CoC to make progress in the following areas to be competitive for funding:

- Community networks & training
- Involving people with lived experience
- Addressing needs of domestic violence survivors
- Leveraging housing & healthcare
- Partnership with Public Housing Authorities
- Advancing Race Equity
- Housing First
- Increasing permanent housing stock
- Building an Effective Workforce
- Reallocation
- System Performance

LOCAL RANKING TAKEAWAYS

The Annual Renewal Demand (ARD) represents the total amount of funding needed to renew existing homeless assistance projects within a CoC. HUD only guarantees funds for a percentage of ARD, known as Tier 1. CoCs hold local competition to sure guaranteed funds are distributed in a way that maximizes effectiveness, alignment with HUD priorites, and responsiveness to the unique needs of each community. As a result, programs are ranked to determine which programs will be prioritized for funding. Lower ranked programs in Tier 2 are at risk for loss of funding. This year, Tier 1 was set at 90% ARD, representing a smaller portion than previous years.

RANKING PRIORITIES

Our CoC used the following criteria when ranking programs. Applications for new programs were ranked based on plans to provide needed services instead of outcomes.

- Severity of Needs/Serving Vulnerable Populations: extent to which project can meet presenting needs of those most vulnerable
- Leveraged supports
- HMIS data quality
- Diversity, Equity, and Inclusion efforts
- Housing retention of participants
- Time from referral until permanent housing
- Increasing participant income
- Overall impact on rates of homelessness

RANKING OUTCOMES

A regional gaps analysis determined that the greatest demonstrated need was for permanent supportive housing (PSH) for single adults and families. This analysis considered capacity, turnover, and the demonstrated need for each project type. There were five new applications for PSH projects, three of which demonstrated leveraged housing/healthcare. There were five new RRH Projects, four of which were proposed for DV. CE and HMIS capacity also planned to increase capacity to support CoC coordination. Projects in Tier 2 received low scores on the ranking tool and/or were scored below PSH renewals in order to preserve PSH.

Project Strengths

<u>Family PSH</u>: housing retention <u>Rapid Rehousing</u>: net impact on homelessness and time to placement in PH

Project Weaknesses

<u>Single PSH</u>: housing retention, Increasing income/benefits, Significant involvement of people with lived experience

COMPETITIVE STRENGTHS

Our CoC had strong responses to questions related to the following HUD Priorities:

- Community networks
- Policy and planning
- Leveraging housing/healthcare
- Involving people with lived experience

COMMUNITY NETWORKS

Our CoC is actively engaged in maintaining and expanding its network by collaborating with non-traditional partners, marginalized communities, and local tribal nations. With a newly adopted charter, we are ensuring power balance among key stakeholders, individuals with lived experience, and community partners. In process improvements include forming an Equity Committee, enhancing DV ETP, enhancing public health responses, and enhancing outreach to serve diverse communities, thus creating efficient feedback mechanisms for stakeholder input.

LEVERAGING HOUSING/HEALTHCARE

Our CoC prioritized new applications that leveraged housing or healthcare. Concern, WellLife Network, and Catholic Charities were all able to demonstrate leveraged housing and/or healthcare with their new/expansion PSH project proposals.

INVOLVING PEOPLE WITH LIVED EXPERIENCE

Our CoC actively involves individuals with lived experience in policymaking and program assessment via participation on an advisory board and offers compensation for their contributions. In the local competition, projects are evaluated based on their inclusion of people with lived experience, having certified peer specialists, and other professional opportunities for PLEs. The CoC utilizes a racial equity toolkit to address disparities and plans to expand an Equity Committee in 2025 to implement more equity solutions based on quarterly racial equity analysis findings. The new Governing body will embark on creating a new regional strategic plan for the CoC with PLE feedback.



COMPETITIVE WEAKNESSES

Our CoC needs improvement regarding the following HUD priorities and scored criteria:

- Systems Performance Measures most related to emergency shelter lengths of stays and outcomes
- Percentage of Vouchers for homeless households
- RRH capacity decrease
- Community education and advocacy

SYSTEM PERFORMANCE MEASURES

HUD places a strong emphasis on funding CoCs that perform well on data-driven measures, including changes in homelessness, time spent homeless, housing retention, income improvement, rates of first-time homelessness, and direct transitions from the streets to permanent housing. However, challenges persist in areas such as the high average duration of homelessness, influenced by statelevel shelter system structures, payment standards, and high rental costs. Additionally, the lack of housing-focused case management in shelter further contributes long lengths of time homeless, and housing retention issues in single adult PSH leads often lead to returns to homelessness. Low participant income changes in PSH, coupled with limited participation from Public Housing Authorities (PHAs) for move-on options, further impact these challenges.

RECOMMENDATIONS

The following changes can be made to improve the CoC's competitiveness and make greater progress towards ending homelessness:

- Full Implementation of Equity Committee and Provider Council to enhance balance engagement of community members and providers and advance equity efforts
- Enhanced outreach to organizations serving racially marginalized groups
- Enhance Domestic Violence Coordinated Entry referral process and successful enrollment rates in DV RRH.
- Enhance Youth PIT to include additional approaches such as sampling and magnet events for this hard to reach population.
- **Review CoC and CE policies** to ensure maximization of resources and outcomes
- Implement Updated Emergency Transfer Plan for those experiencing violence while participating in CoC programs with CoC-wide training
- Advocacy for systemic changes including change of shelter payment standards, zoning restrictions, voucher access, and development of affordable housing
- **Create regional strategic plan** to emphasize local priorities, partnerships and resources needed, and a clearer direction for the CoC.
- Ranking and Review Committee comprised of more diverse members

EXPECTED SCORING FOR 2024 FUNDING ROUND

Last year, our CoC scored slightly above the weighted mean score for all CoC's. This put us in the range of scores that was at lower risk to lose overall funding. Our CoC did increase overall funding, including adding 2 new large PSH projects with leveraged housing, however, 3 projects ranked at the bottom of Tier 2 were cut by HUD.



Partial funding loss from Tier 2 + Addition of new programs

System Performance Measures carry significant weight in funding round scores, potentially resulting in similar low scores compared to previous years in this category. The CoC is projected to receive more points than last year in areas such as leveraged housing/healthcare, race equity, and public health. The CoC is projected to lose points with a reduction in RRH capacity (due to the end of ESG-CV funds) but this will likely impact many other CoCs. Overall the application is projected to score slightly higher than last year, but still plagued by poor data outcomes such as length of time homeless.

The CoC applied for approximately \$19.8 million in program funds (not including planning) and is projected to receive over \$18 million in funding awards from HUD, which would be about \$3 million more than the annual renewal demand for FY 2024.